

Registration Form

Please Print

Name _____

Address_____

Phone: Evening (____)_____

Day or Cell: () _____

Circle One:

Night Owl Morning Glory Sleepy Hollow

(Party Dorm) (Intermediate Dorm) (Quiet Dorm)

A band will play behind the dorms on Saturday night till 11pm

Lodging: Preferred Roommate (list up to 2 persons only)

This is my 1st, 2nd, 3rd, 4 or more La. BOW Workshops.
(Circle One)

T-shirt size (circle one) Sm Md Lg XL 2X 3X
(If a 3X is not available we will substitute it with a 2X.)

Circle yes to be placed on the carpool list. (circle) YES

REMEMBER: The Firearms & Firearm safety class is a Prerequisite for all gun classes. Indicate here if you have taken this class in the past.

____yes ____no, or list your

Hunter Ed Certification Number _____.

Handgun course enrollee's may bring your own firearm, although handguns will be provided. We will supply ammunition for 22 cal. and 38 (can be used in a 357). PLEASE, have the handgun unloaded before entering the gates.

Are you bringing your handgun for this class?

YES _____ **NO** _____ **TYPE** _____

Special needs: _____

If you have specific dietary needs (ex. Vegetarian) you may wish to bring your own food to supplement what is provided.

Circle no if you DO NOT eat boiled crawfish. (circle) NO

SESSIONS - READ Course Description first. Indicate your first (1), second (2), and third (3), choices for each session. If 3 choices are not made or a class is not chosen for each session this WILL delay your registration.

Session I Friday 1:30 pm - 5 pm

1. Firearms & Firearm Safety
2. Reading the Night Sky
3. Those Dam Beavers
4. Intro to Archery
5. Kayaking 101
6. Wood Duck Carving
7. Backpacking 101
8. Game Cleaning
9. Hear A Duck, There A Duck

Session II Saturday 8 am - 11:30 am

- ☐ 10. Outdoor Photography
- ☐ 11. Talking Turkey
- ☐ 12. Campfire Cuisine
- ☐ 13. Basic Camp Cooking
- ☐ 14. Compass Skills
- ☐ 15. Rifle Markswomanship
- ☐ 16. Intro to Shotgun
- ☐ 17. Horseback Riding
- ☐ 18. Outdoor Adventures with your Pet
- ☐ 19. Intro to Fishing

Session III Saturday 1:30 pm - 5 pm

- ☐ 20. Don't Jump, Rappel
- ☐ 21. Fires, Knots, & Etc.
- ☐ 22. Basic Handguns
- ☐ 23. Living with La. Wildlife
- ☐ 24. Backyard Wildlife
- ☐ 25. Horseback Riding
- ☐ 26. Now That I've Caught It, What Is It,
And What Do I Do With It?
- ☐ 27. Bucks and Does
- ☐ 28. Kayaking 101

Session IV Sunday 8 am - 11:30 am

29. Where Am I?
30. Birdwatching
31. Outdoor Women of the 1800's
32. Falconry
33. Boating/Trailing
34. Beginning Fly-fishing
35. Off Road Biking
36. Get Em' Hooked !
37. Basic Camping Skills
38. Outdoor Personal Protection

Regular Check In: 10 am - 11 am Friday

Welcome: 11:30 am - 12 Noon

Lunch: 12 Noon

ACCOMMODATIONS - Lodging is dormitory style with bunk beds housing 28 participants per dorm with air conditioning. One large central bath house is located between the dorms. Linens, blankets and pillows are not provided. Bring bedding and toiletry items. Meals are served cafeteria style and will be served at the designated times.

WORKSHOP FEE \$170 includes all meals and lodging, class instruction, program materials, use of demonstration equipment, and evening entertainment. Registration is taken on a first come, first serve basis, with space limited to 125 participants. No registration will be accepted by telephone, fax, or e-mail. Upon receipt of your registration and payment, you will be sent a confirmation with a map to Camp Grant Walker. We do not accept credit cards or cash.

Make checks payable to: **LOUISIANA WILDLIFE AND FISHERIES FOUNDATION or LWFF.**

REFUND POLICY

CANCELLATION DEADLINE is, February 27, 2012. If you cancel by February 27, 2011 you will receive a 50% refund. Registrants who do not attend and do not cancel by the above date will not receive a refund. Cancellations must be in writing. You may e-mail it to dnorsworthy@wlf.la.gov or fax it to 318-345-0797.

Complete and send registration and fee to:
La. Dept. of Wildlife and Fisheries (BOW)
ATTN: Dana Norsworthy
368 CenturyLink Drive
Monroe, LA 71203

Checks are to be made payable to: Louisiana Wildlife and Fisheries Foundation or LWFF

Checks not written out to the foundation will be returned.

In registering for the Louisiana BOW workshop participants understand that by attending this program photographs may be taken during the sessions and may be used in future support of the program.

COME PREPARED FOR RAIN OR SHINE

Suggested Items:

Comfortable outdoor clothing	old shoes	long sleeved shirts	long pants
sun screen	raincoat	cap	camera & film
insect repellant	alarm clock	camping chair	pillow
toiletry items	washclothes	towels	bedding
water bottle	binoculars	flashlight & extra batteries	

IT'S CALLED "*LOUISIANA STYLE*"

SPONSORED BY THE LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES

LIABILITY / MEDICAL RELEASE

If I am injured or suffer any illness or disease while residing at and participating in programs of the LDWF, Camp Grant Walker, and/or U.S. Forest Service, except as may be caused by the grossly negligent or reckless conduct of the LDWF employees or volunteer instructors I agree to hold LDWF , Volunteers, Camp Grant Walker, and/or U.S. Forest Service harmless for any said injury, illness or disease.

I further understand and agree to abide by the general rules and conduct prescribed for guest of the LDWF/Camp Grant Walker/U.S. Forest Service and that violations may result in a denial of privileges, a forfeiture of all fees paid and immediate removal from the Camp Grant Walker property.

I have read this release. I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of LDWF Camp Grant Walker, and/or U.S. Forest Service.

Signature of Participant

Date

MEDICAL HISTORY QUESTIONNAIRE (MANDATORY)

Name: _____ Date of Birth: _____ Sex: _____

Address: _____ City/State/Zip _____

Phone:(_____)_____

Emergency Contact: _____ Phone: (_____)_____

Emergency Contact: _____ Phone: (_____)_____

ALL INFORMATION WILL BE CONFIDENTIAL

The below information could be life saving if an accident or injury occurs. This questionnaire is VOLUNTARY.

Please List:

Current Medications: _____

Allergies / Asthma (include medications): _____

Circle if you are being treated for any of the following:

Diabetes

High Blood Pressure

Seizures

Heart / Lung / Kidney Disease

When was your last Tetanus Toxoid inoculation? _____

THIS MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Participant

Date